

## APPLICATION DATA SHEET

### Application Information

Application Number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?:: No  
Number of Copies of CRF::  
Title:: CIRCUIT-BREAKER  
Attorney Docket Number:: 004501-741  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 5  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	German
Status::	Full Capacity
Given Name::	Max
Middle Name::	
Family Name::	CLAESSENS
Name Suffix::	
City of Residence::	Gebenstorf
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Riedwiesstrasse 31
City of Mailing Address::	Gebenstorf
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-5412
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Stephan
Middle Name::	
Family Name::	GROB
Name Suffix::	
City of Residence::	Baden
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Meierhofstrasse 8
City of Mailing Address::	Baden

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-5400

Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Xiangyang

Middle Name::

Family Name:: YE

Name Suffix::

City of Residence:: Künten

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Hauptstrasse 15B

City of Mailing Address:: Künten

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-5444

Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	02405825.7	09/24/02	Yes

### Assignee Information

Assignee Name:: ABB Schweiz AG  
Street of Mailing Address:: Brown Boveri Strasse 6  
City of Mailing Address:: Baden  
State or Province of Mailing Address::  
Country of Mailing Address:: Switzerland  
Postal or Zip Code of Mailing Address:: CH-5400